December 2009

Date

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Application Number Exhibit A **POWER OF ATTORNEY Filing Date** OR **First Named Inventor REVOCATION OF POWER OF ATTORNEY** Title WITH A NEW POWER OF ATTORNEY **Art Unit** AND **Examiner Name** CHANGE OF CORRESPONDENCE ADDRESS **Attorney Docket Number** I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer 44989 Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Registration Number Practitioner(s) Name Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: OR Firm or Individual Name Address State City Country Email Telephone I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record



Signature

Title and Company

*Total of

signature is required, see below*.

GUMNOG

forms are submitted.

HARRISON

SECRETARY

Name

X

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

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3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.

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A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or

potential violation of law or regulation.

EXHIBIT A

Our Ref. No.	Application No.	Filing Date
0026-0278	11/096,859	03/31/2005
0026-0276CON1	10/823,050	04/12/2004
0026-0277	10/607,929	06/27/2003